



# Mental Health Managed Counsel Program

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# INTRODUCTION

The Collin County MHMC program was created to seek systemic solutions to get and keep mentally ill defendants out of the criminal justice system. Defendants diagnosed with Mental Illness are promptly identified and appointed specially trained attorneys who assist with their criminal cases. The program creates direct linkage between the courts and community resources, providing immediate intervention to those in need. Rather than addressing only the criminal needs of the client, the program strives to connect them with mental health services, transportation, and housing.

Services provided by the MHMC Office include but are not limited to:

- Early ID of Mental Illness
- Appointment of counsel specialized in mental health defense
- MH Bond Program
- Coordination of competency restoration or stabilization plans
- Case management
- Defendant Advocacy

# Program Activities

- ▶ Recipient 2018 County Best Practices Award for Competency Restoration from the Texas Association of Counties
- ▶ Coordinated the annual Collin County MH Symposium for the past 5 years to engage law enforcement, judiciary, attorneys and mental health providers
- ▶ Instructor for MH Peace Officer Training
- ▶ Ongoing - Training on MH related topics
- ▶ Ongoing - State Hospital Liaison
- ▶ Ongoing coordination with Lifepath Systems Jail Diversion Program
- ▶ Ongoing coordination with Lifepath Systems Crisis Respite Unit

# Cases Served by MHMC

FY	Inmates	Early ID of Mental Illness (EIMI) Notices of CCP 16.22	Individuals Served by MHMC	Cases Served by MHMC
2014	20,457	5140 (25%)	1299	2159
2015	20,437	5733 (28%)	1412	2333
2016	16,963	4072 (24%)	1316	2347
2017	17,150	5734 (33%)	1626	2798
2018	18,738	6302 (34%)	1842	3192 (Projected)

# Mental Health Bond Savings

FY	Bond Clients	Days Saved	Total Savings
2014	123	5,997	\$418,530
2015	151	7,964	\$555,807
2016	231	11,061	\$771,947
2017	196	10,062	\$945,828
2018	187	9082	\$853,708 YTD

Clients would be expected to remain in custody:

Felony Offenses - 90 days until eligible for regular PR Bond

Misd A Offenses - 30 days until eligible for regular PR Bond

Misd B Offenses - 15 days until eligible for regular PR Bond

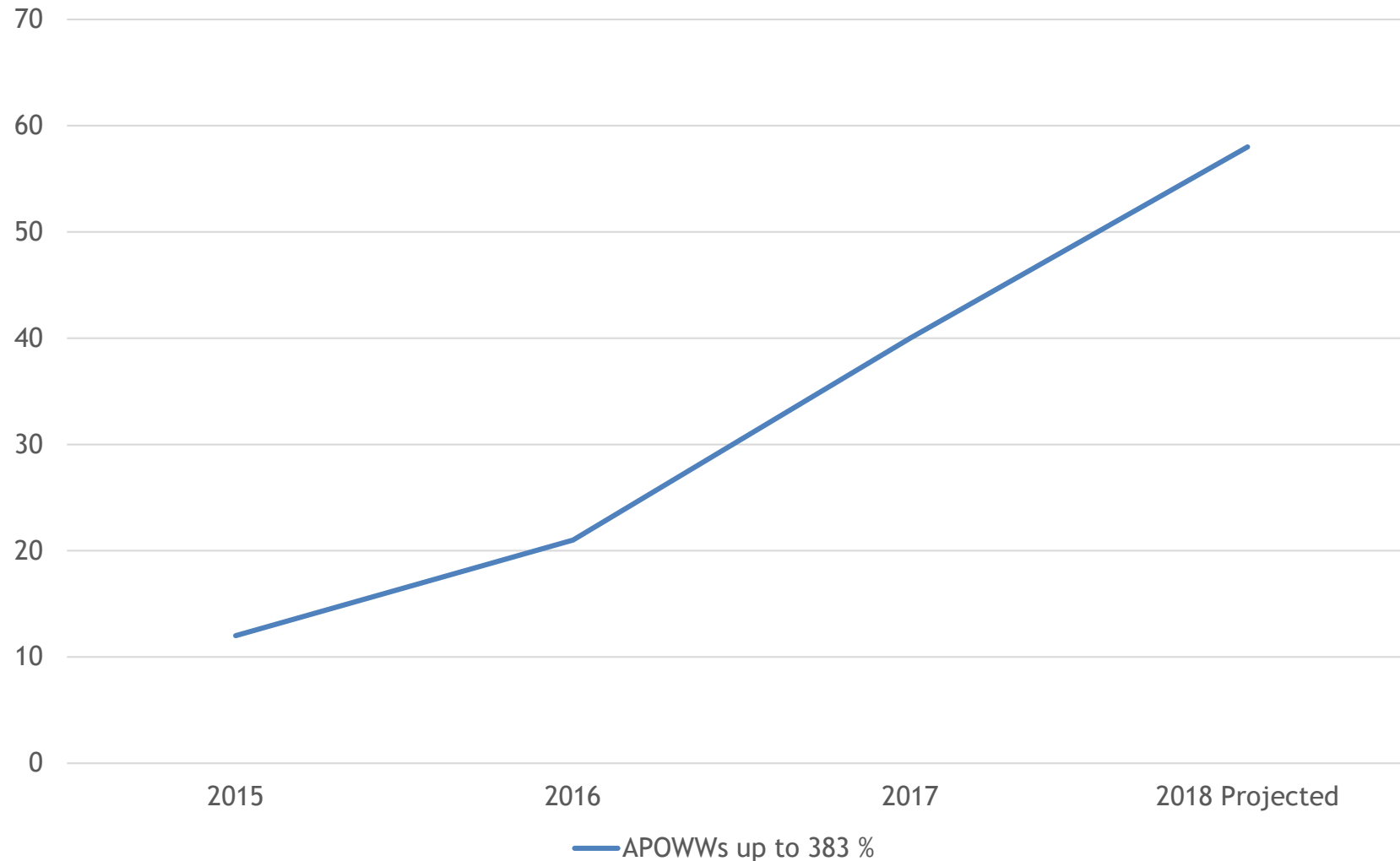
\* Note - Average cost per day calculated at \$69.79 for 2014-2016, \$94 per day for 2017 forward

# Competency Jail Days Saved

FY	2012	2013	2014	2015	2016	2017	2018
Average # Days in Custody	271	184	160	169	193	140	144
Cost Savings		-\$207,060	-\$512,820	-\$414,120	-\$338,520	-\$412,160	-\$568,960 YTD

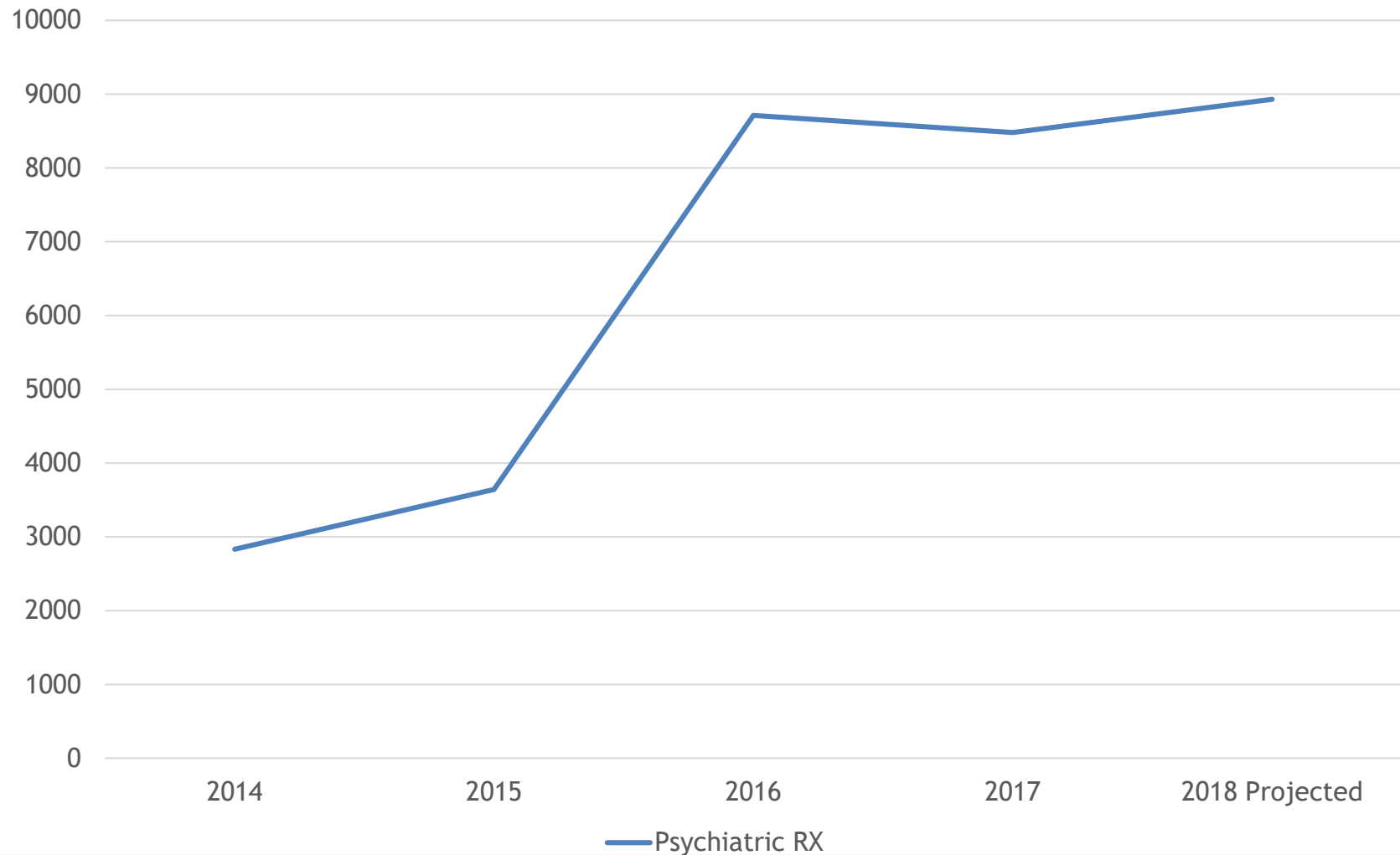
- \* Baseline - Competency cases (2012) were spending an average of 271 days in custody. The baseline of 271 days was used to calculate cost savings based on the reduction of average days in custody.

## APOWWs up to 383 %



**APOWW** (Apprehension by Peace Officer Without Warrant - A warrant that is used to legally take a mentally ill person to an appropriate ER setting for further evaluation with out their consent). In the jail, APOWWs occur when an inmate is released from Jail Custody, but is currently a danger to self or others. Indicative of the rising level of acuity (danger to self/others).

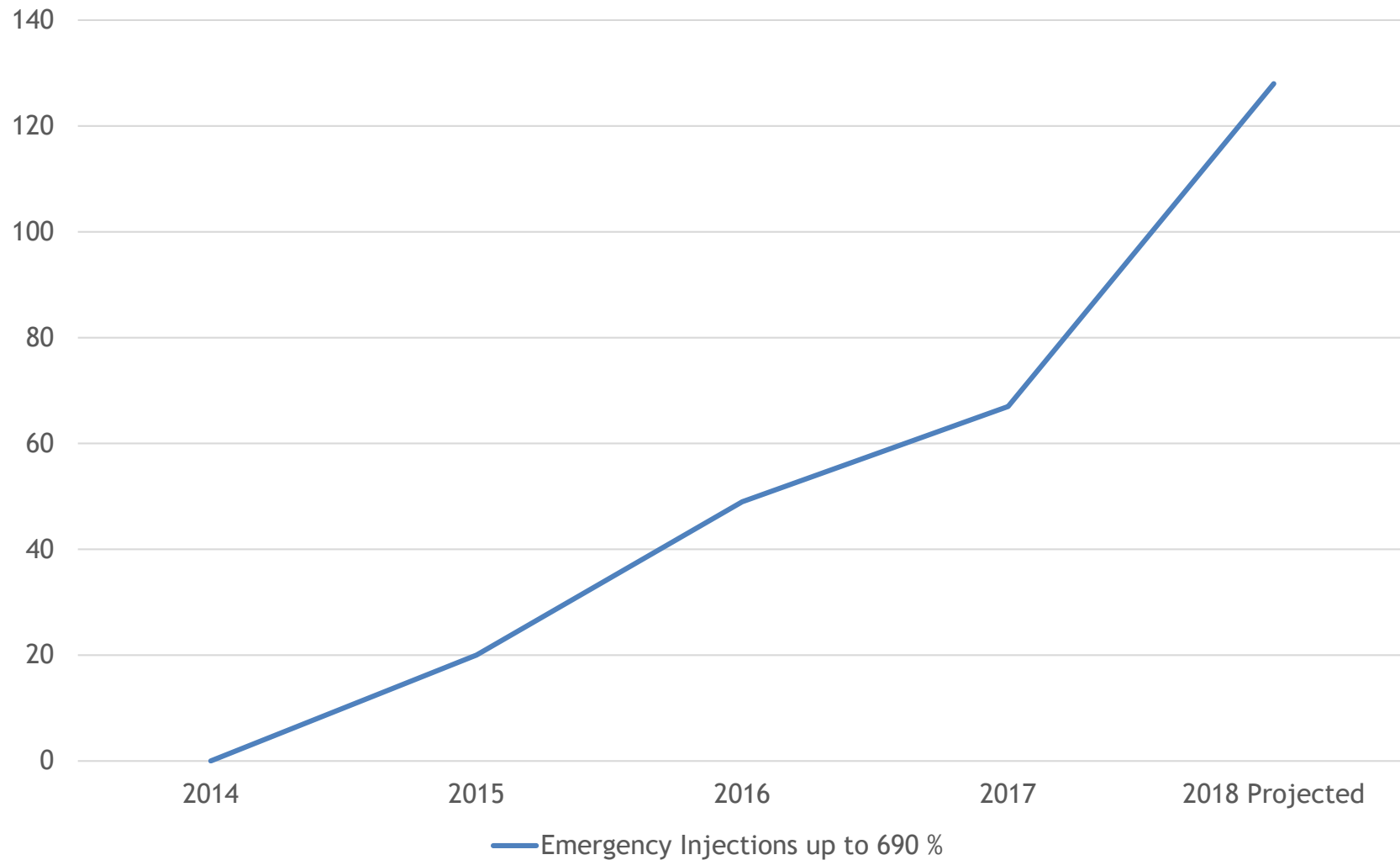
## Psychiatric RX



Total prescriptions by psychiatric providers. Mental health staffing went up 69%, but prescriptions went up 300%. This rate will remain flat as there are only so many patients/prescriptions a particular staff can see or write in a year.

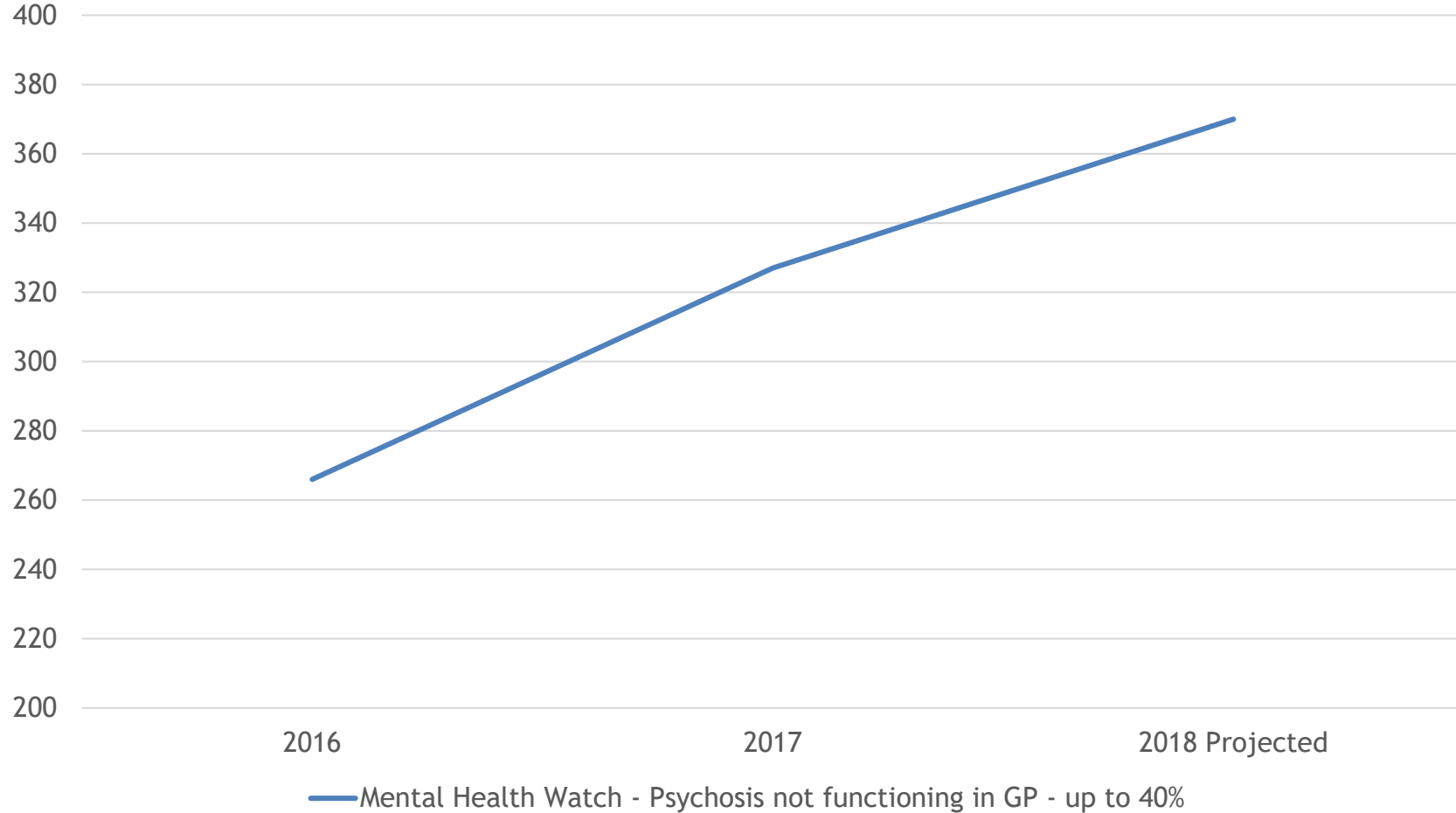


## Emergency Injections up to 690 %



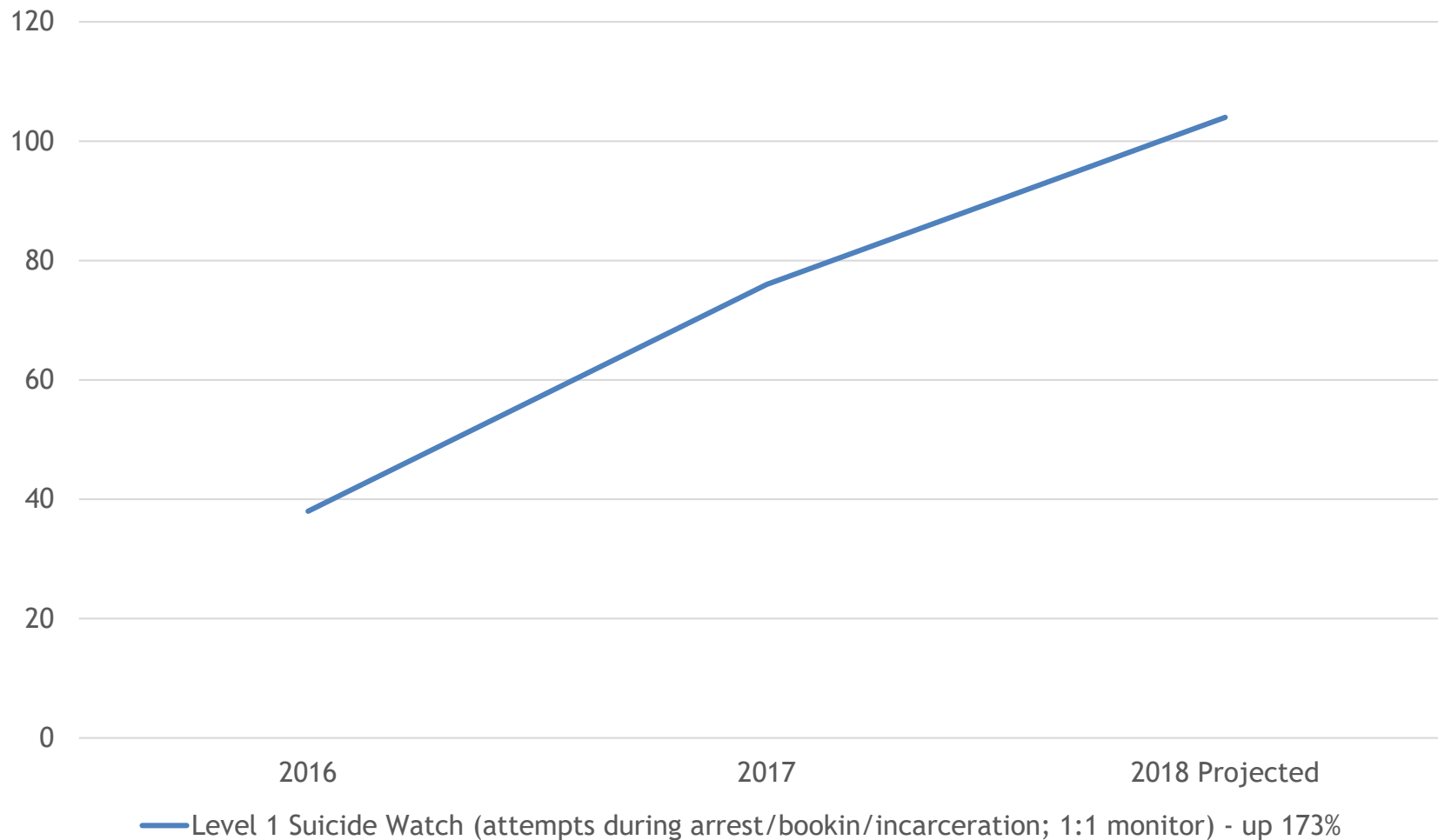
Number of emergency injections administered - indication of the rise in activity and need for emergency room level of care due to severe agitation. These are shot forms of medication given urgently due to a crisis level of agitation that could result in harm to self or staff.

## Mental Health Watch - Psychosis not functioning in GP - up to 40%



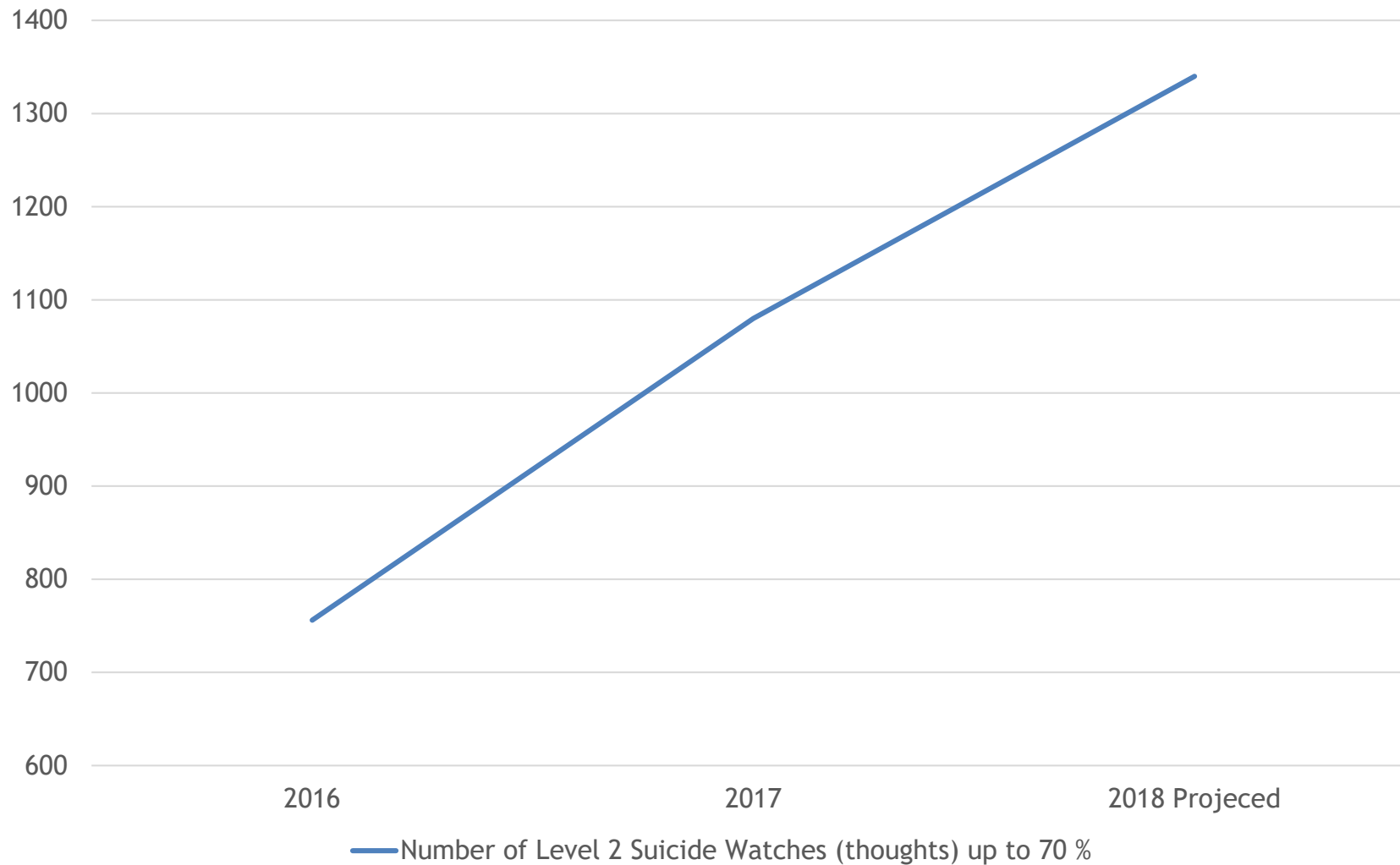
Mental Health Watches - patients with schizophrenia and bipolar who are too unstable to tolerate being in GP and require single cell housing in the infirmary or the infirmary secondary overflow (pod 5A SHU opened up this summer to house Mental Health Watches). This increase correlates with the total increase in severely mentally ill in the jail and the numbers with diagnosis of schizophrenia, bipolar.

## Level 1 Suicide Watch (attempts during arrest/bookin/incarceration; 1:1 monitor) - up 173%



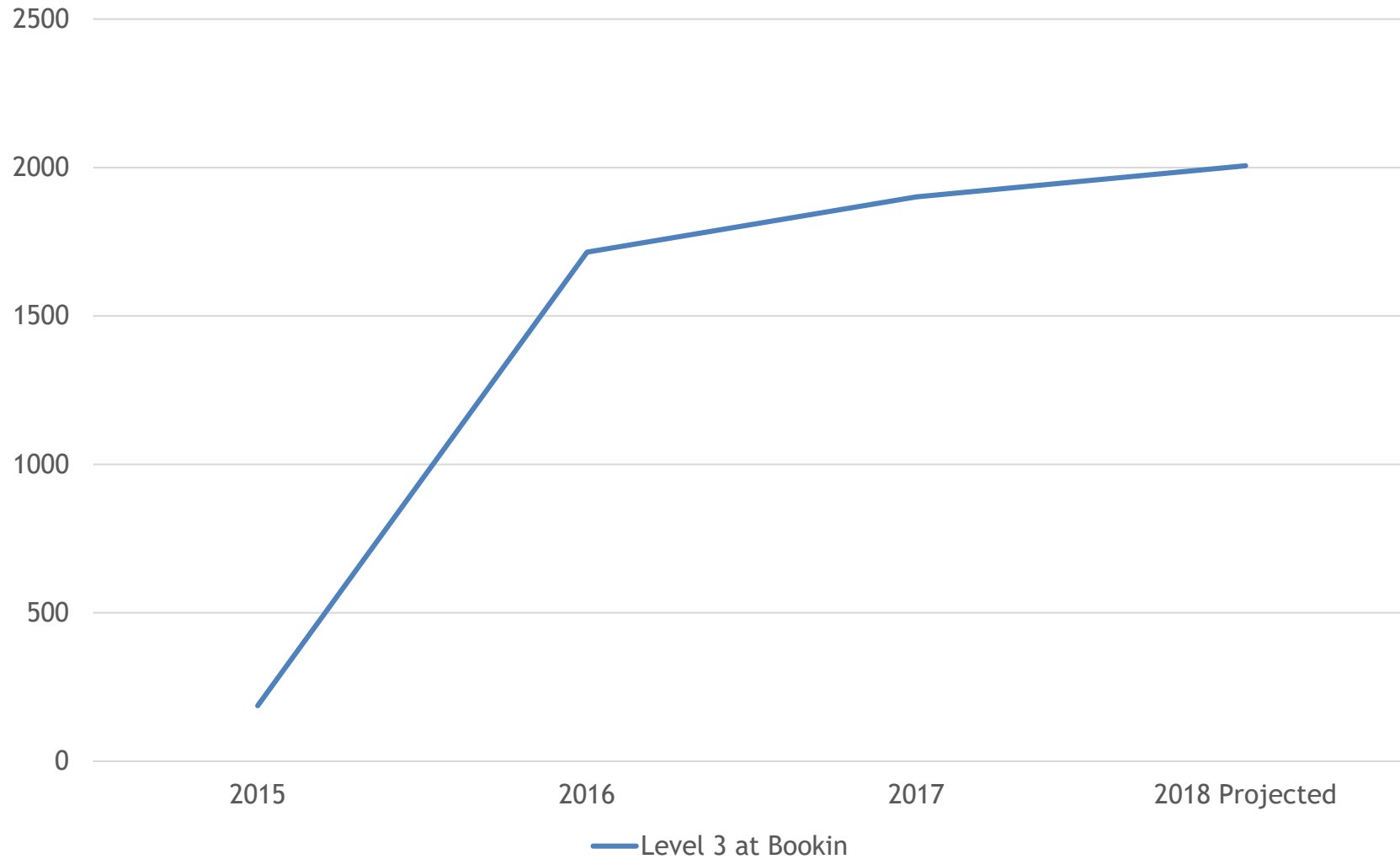
Number of Level 1 Suicide Watches (these were patients with actual attempts during arrest/bookin or in the jail and are on 1:1 observation by detention staff) - up 173%. Very concerning due to level of acuity.

## Number of Level 2 Suicide Watches (thoughts) up to 70 %



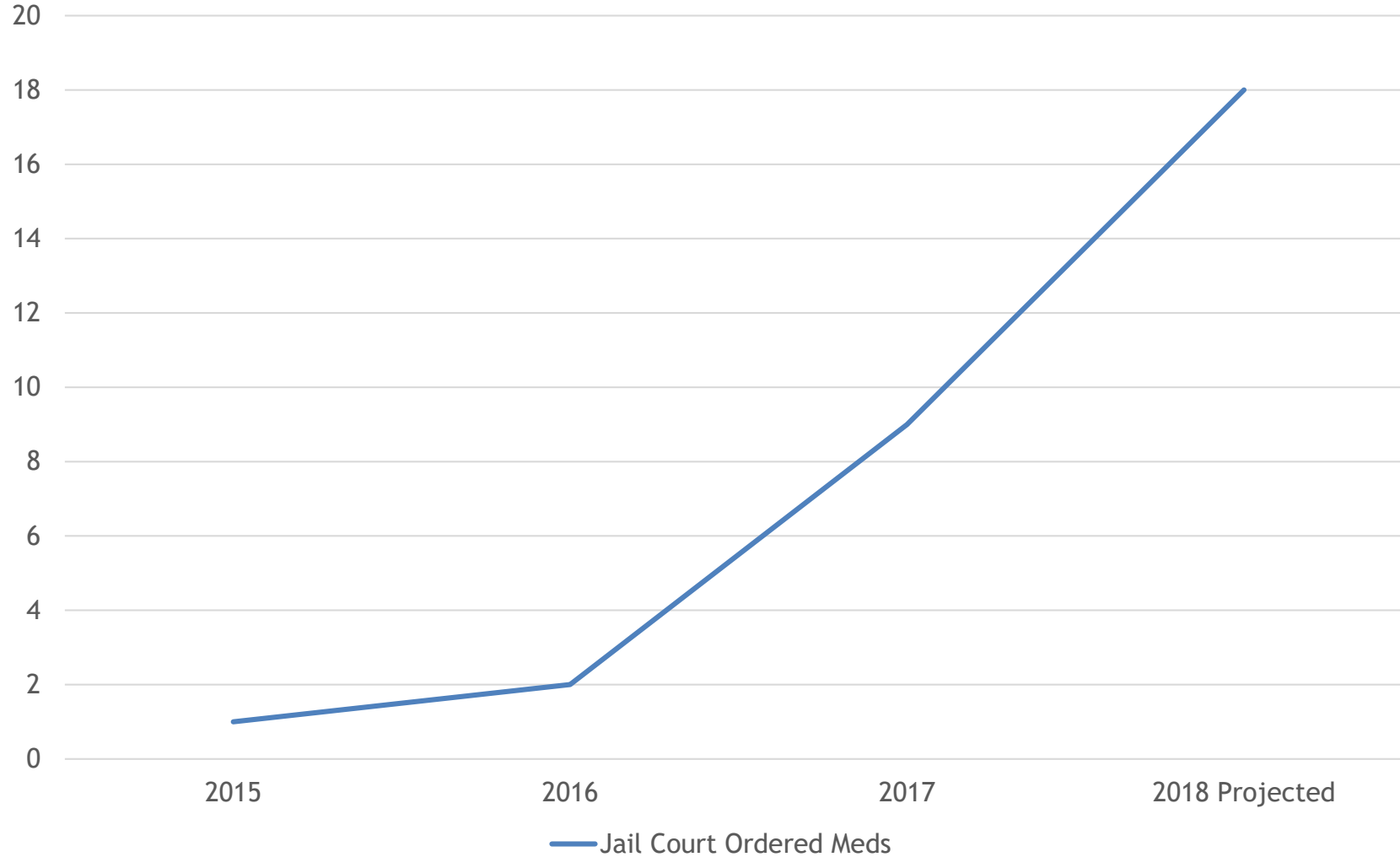
Number of Level 2 Suicide Watches (suicidal thoughts, no current attempts)

## Level 3 at Bookin



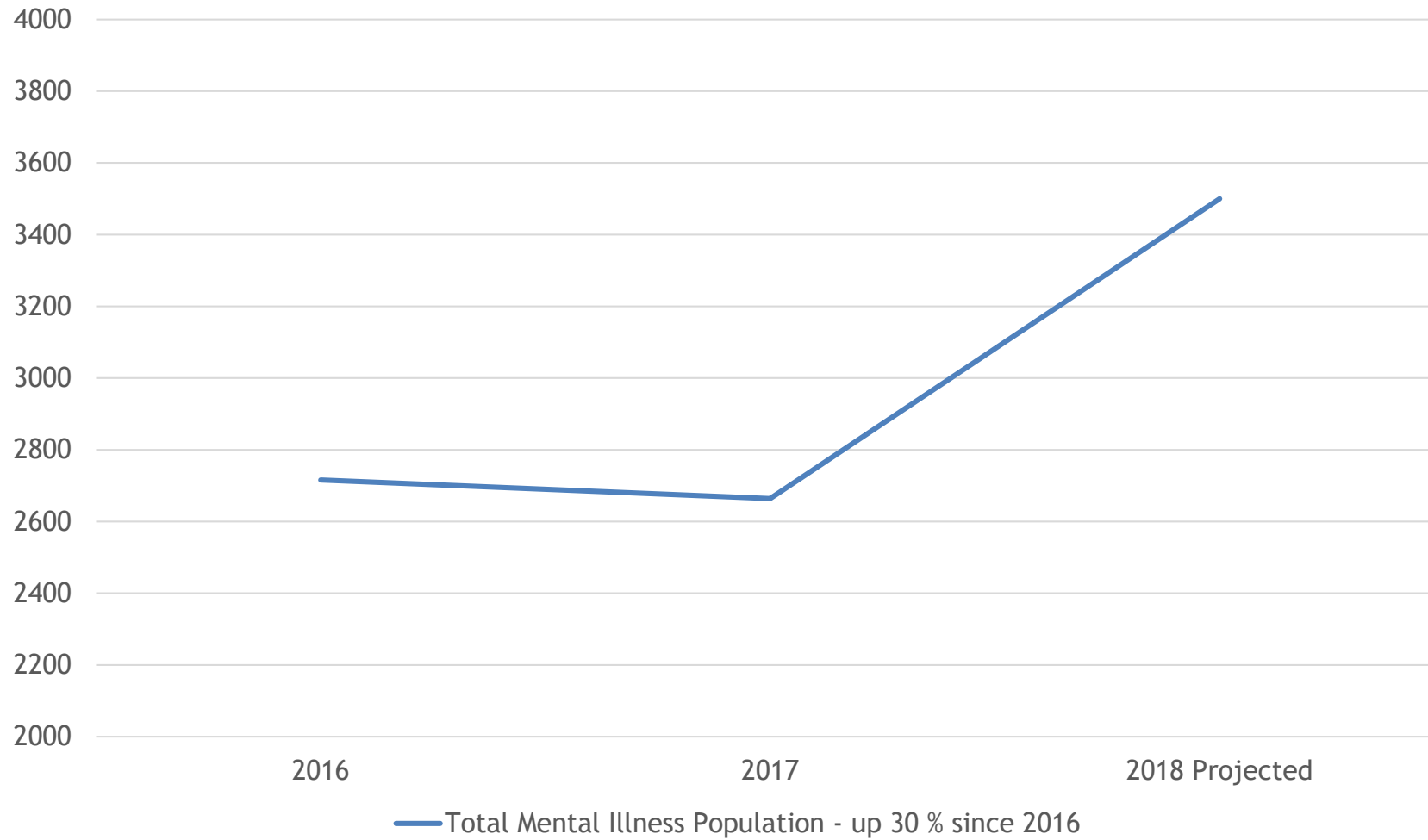
Level 3 at Bookin - Placed on Level 3 suicide watch due to a positive screen in the bookin process. These tasks “jump to the front of the line” ahead of other job duties.

## Jail Court Ordered Meds



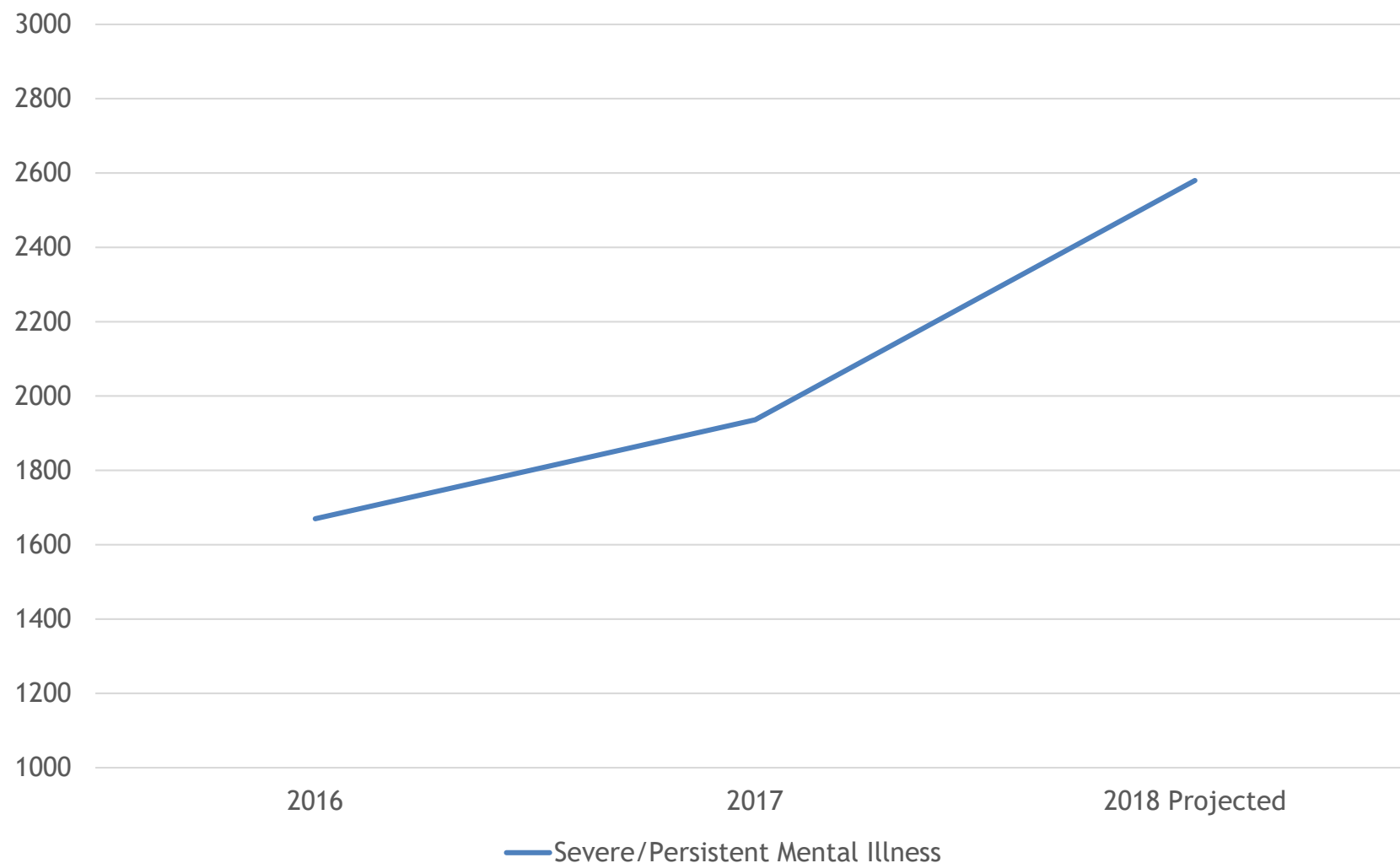
Collin County total number of court ordered med hearings (not just the jail, but all hearings to force medications on patients with severe and persistent mental illness who are court ordered to a psychiatric hospital)

## Total Mental Illness Population - up 30 % since 2016



Number of patients diagnosed with mental illness (Psychotic disorders, Mood disorders, Anxiety disorders - not including substance dependence or detox) - these are more likely to represent single individuals, as those with dual diagnosis (mental illness and addiction diagnoses) may over-represent the numbers. We started fully tracking in 2016.

## Severe/Persistent Mental Illness



Number of patients with severe/persistent mental illness (Schizophrenia, Schizoaffective, Psychosis NOS, Bipolar, MDD/Depression NOS, PTSD) - it's the severe cases that are outpacing the overall increase (previous graph of 30% increase).